
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

TEMPORARY INTRALUMINAL FILTER GUIDEWIRE AND METHODS OF USE

SPECIFICATION IDENTIFICATION

The specification is filed herewith.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Michael J. Jaro	34,472
Catherine C. Maresh	35,268
Janis J. Biksa	33,648
James F. Crittenden	39,560

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

28390

SEND CORRESPONDENCE TO

Catherine C. Maresh
Medtronic Vascular, Inc.
IP Legal
3576 Unocal Place
Santa Rosa, CA 95403

DIRECT TELEPHONE CALLS TO:

Jim Crittenden
978-739-3075

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Steven Dapolito

Inventor's signature _____

Date _____

Country of Citizenship United States

Residence Brookline, NH

Post Office Address 129 Old Milford Road, Brookline, NH 03033

Albert H. Dunfee

Inventor's signature _____

Date _____

Country of Citizenship United States

Residence Byfield, MA

Post Office Address 65 Pearson Drive, Byfield, MA 01922

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